If continuation sheet 1 of 1

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9404		(X2) MULTIPLE A. BUILDING B. WING	E CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED C
NAME OF PROVIDER OR SUPPLIER STREET A NHC HEALTHCARE, SPARTA 34 GRA		34 GRACE	ACEY ST A, TN 38583		
TINGTIA (CAUT DEFICIENT)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	S	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOUR COMM
N 002 1200-8-6 No Deficiencies			N 002		:
No deficiencies were cited as a result of Complaint Investigation TN00030297 completed on 8/21/12.					; ; ;
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